

EXHIBIT M

COMPLAINT - FOLLOW UP INFORMATIONAL										PAGE 1 OF 1 PAGE	
DO NOT USE THIS FORM TO REPORT: CRIME CLASSIFICATION CHANGES, CASE CLEARANCES, INITIAL ARREST ON THE COMPLAINT, RECOVERED PROPERTY, ADDITIONAL STOLEN PROPERTY, OR OTHER NUMBERS OBTAINED FOR PROPERTY PRESERVATION, REPORTED, CRIMINAL IDENT DATA, OR COMPLAINT FOLLOW UP (PD 313-201) TO REPORT THE PRECEDING											
Crime Placing False Bomb										Complaint No. 6835	
Date of Orig. Report 6/25/2006		Date Assigned 6/25/2006		Case No. 1273		Unit reporting 19th Squad		Follow-Up No.		Date of This Report 6/28/2006	
Complainant's Name - Last, First, M.I. P.S.N.Y.										Victim's Name - If Different	
Witness No. 1 Last Name, First, M.I.										Address, Include City, State, Zip	
Home Telephone										Business Telephone	
Position / Relationship										Sex	
Race										Date of Birth	
Age										Res. Pct.	
Total No. of Perpetrators										Weapon	
Used <input type="checkbox"/> Possessed <input type="checkbox"/>										Describe Weapon (If known, give color, make, caliber, type, model, etc.)	
Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>										Last Name, First, M.I.	
Sex										Race	
Date of Birth										Age	
Height										Weight	
Eye Color										Hair Color	
Hair Length										Facial Hair	
NYSD No.										Address, Include City, State, Zip	
Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>										Apparel Description, Scarf, Mask, M.O., Etc. (Continue in "Details")	
Nickname, First Name, Alias										App. No.	
Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>										Last Name, First, M.I.	
Sex										Race	
Date of Birth										Age	
Height										Weight	
Eye Color										Hair Color	
Hair Length										Facial Hair	
NYSD No.										Address, Include City, State, Zip	
Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>										Apparel Description, Scarf, Mask, M.O., Etc. (Continue in "Details")	
Nickname, First Name, Alias										App. No.	
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS"											
Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No											
In Person <input type="checkbox"/> By Phone <input type="checkbox"/>											
Date											
Time											
Results: Same as Comp Report - Different (Explain in Details)											
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No											
In Person <input type="checkbox"/> By Phone <input type="checkbox"/>											
Date											
Time											
Results: Same as Comp Report - Different (Explain in Details)											
Camera Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes - Make Entry in Body Rpt: Time, Date, Names, Addresses, Results											
Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes - Make Entry in Body Rpt: Time, Date, Evidence Obtained											
Complaint Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Released <input type="checkbox"/> Future											
Results:											
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Released <input type="checkbox"/> Future											
Results:											
Crime Scene Dealt <input type="checkbox"/> Yes <input type="checkbox"/> No											
By (Enter Results in Details)											
Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No											
By (Enter Results in Details)											
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:											
<input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Lies" Estimated											
DETAILS:											
Subject: Placing False Bomb Investigation											
Contents: Surveillance/Apprehension of Suspect											
Status: Active											
<p>1. On this date @ approx. 1615 hours the U/s was at the location of occurrence (1128 3rd Avenue), Starbucks. The U/s was inside the location until approx. 1828 hours. The U/s spotted the suspect traveling on a bicycle N/B on 3rd Avenue between E 63rd & E 64th Streets. The suspect was on the E/B of 3rd Avenue & looked over to the Starbucks Coffee Shop. I immediately notified Sgt. Pansicco who was parked on the S/W C/O E 64th Street & 3rd Avenue. We immediately put an emergency transmission over the Division 4 radio & pursued the suspect who turned onto E 64th Street E/B. We were stuck in traffic on E 64th Street & 2nd Avenue. The U/s ran E/B on E 64th Street toward 1st Avenue. On the S/E C/O 1st Avenue & E 64th Street the U/s observed PO Paul, PO Morozani & PO Gaven with the suspect in custody. The U/s noticed a large black portfolio bag on the ground. A multi-color laundry hamper, a silver bike on the ground & the suspect was wearing a belly bag which had a plastic tube with a switch on the end around his waist. The U/s removed the belly band from the suspect's waist & placed the band on the ground next to a Gray Pathfinder jeep, Plate # BKT4418-NY. The U/s requested EBU to respond & secured the area. The vehicle was parked on the S/E C/O E 64th Street & 1st Avenue at the side entrance to the Chirping Chicken Restaurant, located at 12-19 1st Avenue. The suspect was removed from the scene & removed to the 19th Squad for questioning & processing.</p>											
<p>2. Investigation Continues.</p>											
CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED											
DATE REVIEWED / CLOSED											
IF ACTIVE, DATE OF NEXT REVIEW											
REPORTING OFFICER											
RANK											
SIGNATURE											
NAME PRINTED											
TAX REG. NO.											
COMMAND											
REVIEWING / CLOSING SUPERVISOR											
CASE <input type="checkbox"/> CLOSED <input type="checkbox"/>											
ENTER DESCRIPTION OR B											
SIGNATURE											
C.O.'s INITIALS											

LONG PINK

14 COPY ORIGINAL REPORTED OFFICER

11 COPY COPY REPORTED TO

13 COPY COPY COPY REPORTED OFFICER